up, the tendency to slough in the seat of operation ceased, and the wound cicatrized favourably.

The second case was also that of a pitman, aged 29, who was admitted into the hospital August 10th, 1848, with disease of the left foot, affecting principally the os calcis, which can be felt in a carious state by a probe introduced through several fistulous apertures.

The disease was stated to have commenced two years and a half previously, with spontaneous inflammation and subsequent abscess. For this disease he was under surgical treatment in this hospital some months ago, and some portions of diseased os calcis were then removed.

On the 15th August, another portion of diseased bone was removed, the patient being under the influence of chloroform. He continued to progress favourably after the operation, up to September 3d, by which period the incisions had nearly healed. The foot then became inflamed and tender, accompanied with œdema of the extremity as far as the knee. Considerable sympathetic fever likewise supervened.

The report of the 5th stated that the febrile symptoms had somewhat abated, but the inflammation had extended up to the knee. On the 8th, the erysipelas was principally confined to the foot, attended with œdema, and a greater lividity of the integument. An incision was made along the dorsum of the foot. From this period the inflammation gradually declined, and the wounds healed up, with the exception of several fistulous apertures on each side of the foot, through which the bone (os calcis) was felt extensively diseased.

On October 17th, removal of the diseased os calcis was determined on, and the operation was accordingly performed, in a similar manner to the preceding case.

The report of November 10th stated that the wounds had almost healed up, and that the deformity was not very great.

In the first case the patient retains the use of the ankle-joint, and is already capable of bearing considerably on the affected limb.—*Lond. Med. Gaz.*, Dec. 1848.

53. *Excision of the head of the Femur in Morbus Coxarius.*—In a clinical lecture recently delivered by Professor **Syme** on morbus coxarius, he reprobated, we think very properly, the operations lately performed for the cure of this disease.

"Lately," he observed, "in some of the London hospitals, it has been attempted to cure the disease by removing the carious head of the femur; but this is improper, as caries of the joint never exists without the bones of the pelvis being equally involved. I regret that these operations should have been attempted, as they tend to throw discredit on the excision of other joints, such as the elbow, where the practice is eminently useful, and which has now become an established operation in surgery. If the disease admits of recovery, excision of the head of the thigh-bone is superfluous and useless. If it does not admit of recovery, cutting out the head of the thigh-bone can only hasten the fatal termination. If the patient recovers after the head of the bone has been cut out, it is a distinct evidence of the uselessness of having excised it. If caries is curable, why amputate the head of the bone? If incurable, why remove the head of the bone, and, at the same time, leave behind carious portions in the acetabulum, which cannot be removed?

"Common sense and their unsuccessful results will, no doubt, ultimately show the impropriety of such operations."—*Med. Times*, Dec. 30, 1848.

54. *A new mode of removing Nævi.*—J. C. **Christophers** describes (*Lond. Med. Gaz.*, Dec. 1848) a method of applying a simple ligature to strangulate and remove nævi, which, he says, he has employed in six cases, and in all with perfect success, and without any untoward accident occurring. His method is as follows:—

1st stage.—Take a piece of strong silk, well waxed, about half a yard long, and dip the moiety of it in ink to dye it, the more readily to distinguish the ends after it is divided; thread a needle with the same, leaving the ends equal, and pass it under the centre of the part to be removed. This done, cut the ligature in the middle, leaving the needle attached to the inferior or black half of the ligature; take the same and pass it through the skin, immediately below the part to be strangulated. Thread the needle with the superior or white half of the ligature, and pass it through the skin in an opposite direction to the black ligature, immediately above the part to be strangulated. Remove the needle.

2d stage. Tie tightly the two ends of the black loop that includes the inferior half of the nævus. Tie in the same manner the two ends of the white loop that includes the superior half of the nævus. The four ends remaining, two black and two white, are now to be tied alternately and tightly, the one to the other, and the operation is completed. The whole mass to be removed is by this means completely and entirely enclosed in a double circle, both from within and without, and is most effectually and permanently strangulated. The pain, he says, of this operation is trifling.

OPHTHALMOLOGY.

55. *Case of Cysticercus Cellulosa in the Anterior Chamber of the Human Eye.* By Wm. Mackenzie, M.D., Surgeon-Oculist in Ordinary, in Scotland, to the Queen.—(*Proceedings of the Royal Med.-Chirurg. Soc.*, Nov. 28, 1848.) E. G., aged 16, applied at the Glasgow Eye Infirmary, in September 1848, on account of obscurity of vision in the left eye. On examination, a spherical body, about one-eighth of an inch in diameter, was discovered lying close in front of the pupil, in the anterior chamber, and this proved, on closer inspection, to be a cysticercus cellulosa. The patient stated, that in June the left eye had been the subject of acute inflammation, which occurred immediately before the appearance of the hydatid. Objects placed in a direct line before the eye or below it, she saw very indistinctly, but in a moderate light the expansion of the pupil left one-third, at its upper part, unobscured. The position of the hydatid varied to a certain extent, and was an object of curiosity to many. Its opaque body, its tail, vesicle, and rostellum, together with its four lateral suckers, could be distinctly made out, and it was observed to be most lively in the morning and when the patient was warm. She was quite unconscious of the motions of the hydatid, and did not appear to suffer pain from its presence. On October 14th, the foreign body was removed by the following operation:—The patient was placed on her back, and the eyelids being retracted, a puncture was made with Beer's pyramidal knife, at the temporal edge of the cornea, to the extent of $\frac{3}{20}$ths of an inch. Schlagintweit's hook was then introduced, and the hydatid was seized and easily withdrawn. The iris protruded a little through the wound, but was readily reduced by friction, through the medium of the upper eyelid. Not a single bad symptom followed, and the patient was dismissed quite well in a week. The hydatid was placed in tepid water, and continued to move for fully forty minutes after its removal from the eye. Viewed through a compound microscope, the transparent corona of claws surrounding the rostellum were distinctly seen, as were the corpuscles scattered over its neck, and the four lateral suckers. The author states it as his opinion that the attack of ophthalmia in June, immediately preceding the appearance of the hydatid, was owing to the development of its ovum in one of the blood-vessels of the iris or choroid, and that the inflammation ceased suddenly as soon as the hydatid dropped into the anterior chamber, where it lived at its ease, and throve on the aqueous humour. He then proceeded to make some remarks on other cases recorded, and to state his reasons for not trying any application to the eye with a view of killing the hydatid, which he considered likely to irritate the organ; and even if effective, an exciting cause of inflammation would still be left. He did not apply belladonna, fearing that the cysticercus, as occurred in Neumann's cases, might fall into the pupil and irritate the iris. A further delay in operating he considered unjustifiable, on account of the risk which it involved of inflammation being excited and the eye being sacrificed.—*Lond. Med. Gaz.*, Dec. 1848.